

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Patent Application of : Group Art Unit 1645
Arepally, *et al.* :
 :
Appln. No: 09/615,872 : Examiner: J. Grun
 :
Filed: July 13, 2000 :
 :
Title: COMPOSITIONS AND METHODS USEFUL : Attorney Docket
FOR THE DIAGNOSIS AND TREATMENT OF : No. 053661-5002-US
HEPARIN-INDUCED/THROMBOCYTOPENIA :
THROMBOSIS :
 :

VERIFICATION OF AUTHENTICITY

Applicants gratefully acknowledge the courtesy shown to their representatives in the telephone conversation with the Examiner on January 31, 2002, in which it was discovered that Applicant's response to the Restriction Requirement had not been received in the United States Patent and Trademark Office, although it was mailed to the United States Patent and Trademark Office on October 24, 2001.

In accordance with the Examiner's instructions, Applicants hereby confirm that the copy, submitted herewith, of the response to the Examiner's Restriction Requirement is a true and complete copy of the original document, which was mailed on October 24, 2001. Also enclosed is a copy of the return postcard submitted with the original response to the Restriction Requirement.

The response to the Restriction Requirement was timely filed within the original one-month shortened statutory period, and accordingly, no fee is due. A favorable examination of the claims is hereby requested.

Respectfully submitted,

AREPALLY ET AL.

FEBRUARY 1, 2002
(Date)

By:

Kathryn Doyle
KATHRYN DOYLE, Ph.D., J.D.
Registration No. 36,317
MORGAN, LEWIS & BOCKIUS, LLP
1701 Market Street
Philadelphia, PA 19103-2921
Telephone: (215) 963-5000
Direct Dial: (215) 963-4723
Facsimile: (215) 963-5299
E-Mail: kdoyle@morganlewis.com
Attorney for Applicants

KD/TMS

PATENT RETURN POSTCARD
 SECY
 ATTY DOCKET # 053661-500205
 MIB DKT # 053661-500205 TODAY'S MAILING DATE 10/24/01
 EXPRESS MAIL #
 PAT APP/PATENT/REEXAMINFT# 08/615, 872
 OF Arepatly et al. for the diagnosis & treatment of
 FOR: CPARCE REQUEST HYPOTHYROIDISM
 RECEIPT IS ACKNOWLEDGED BY THE USPTO FOR THE FOLLOWING: CPARCE REQUEST HYPOTHYROIDISM
 — PAT AP (PROVINON-PROVIDES/ISSUE)
 — DECL & POW/EXECUTED/UNEXECUTED
 — PAGES TOTAL TEXT
 — TOTAL # CLAIMS
 — SHEETS DRAWING (FORMAL/INFORMAL)
 — SEQUENCE LISTING (PAPER COPY/DISK)
 — COMPUTER CODE
 — PRELIMINARY AMENDMENT
 — PRIORITY DOC.
 COUNTRY NO.
 TRANSMITTAL LTR (US/PCT/NATL PHASE)
 — REV/APPT OF ATTORNEY — REQUEST (STATUS/CERTIF CORR/COF FILING RT/REFUND)
 — NOTICE APPEAL BRIEF (3 COPIES)
 — SUPPL. DECL.
 — FEE AUTH (FINAL/MAINT/DISCLAIMER)
 — REQUEST (STATUS/CERTIF CORR/COF FILING RT/REFUND)

TOTAL FEES

OTHER (PAPER TITLE) Response to Restoration Requirement